

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | SMC | | 4/13/03 |
| O.I.P.E. CLASSIFIER | | 48 | 4/12/00 |
| FORMALITY REVIEW | AB | 6537 | 6/24/00 |
| RESPONSE FORMALITY REVIEW | | | |

9/5357988

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)